

CON	AOINEI	n neci	ADATION S	Attorney D cket Number	PG1-1	
COMBINED DECLARATION & POWER OF ATTORNEY				First Named Inventor	Herve Joulshomme	
FOR UTILITY OR DESIGN PATENT APPLICATION		COMPLETE IF KNOWN				
	(37 CFR 1.63)		Application Number	09/980,080		
Decla	aration		☑ Declaration	Filing Date	30 November 2001	
• • • • •	Submitted C	OR _	Submitted After	Group Art Unit		
With	Initial I		Initial Filing (37 CFR 1.16(e) Required)	Examiner Name		

As a below named i	inventor, I hereby decla	are that:				
My residence, post o	ffice address, and citizer	nship are as stated belov	w next to my name.			
	ginal, first and sole invenisted below) of the subject					
3-DIMENSIO	NAL IN VITRO MODE	LS OF MAMMALIAN	TISSUES			
the specification of w	hich					
Is attached here	to OR					
	(DD/YYYY) <u>06/02/2000</u> hber <u>PCT/CA00/00650</u>		tates Application Numbe as amended on (MM/DD			
claims, as amended l acknowledge the du continuation-in-part a	have reviewed and under by any amendment spec uty to disclose information applications, material info ational or PCT internation	cifically referred to above in which is material to pa formation which became a	tentability as defined in a	37 CFR 1.56 in	ncluding for	
nventor's certificate, the United States of A	n priority benefits under 3 or 365(a) of any PCT Into America, listed below and 's certificate, or of any PC priority is claimed.	temational application what design is the design of the de	hich designated at least low, by checking the box	one country of x, any foreign a	her than application	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No		
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☐ Additional foreig	gn application numbers are	listed on a supplementary (	priority data sheet (PTO/SB	/02B) attached h	nereto:	

[Page 1 of 3]

СОМВІ	NED DECLARATION & F Utility or Design Pate		RNEY-	Attorney Dock	et No. PG1-1			
I hereby app	int J. Wayne Anderson, R	Regn no. 28,158						
as my/our at United States	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Direct all con	Direct all correspondence to:  J. Wayne Anderson, Regn No: 28,158 P.O. Box 1266, Station B Oltawa, Ontario, Canada K1P 5R3 Tel: (613) 993-3899 Facsimile: (613) 952-6082							
and belief are the like so ma	e that all statements made here believed to be true; and further le are punishable by fine or imple statements may jeopardize the	that these statements w Asonment, or both, unde	ere made with er Section 100	i the knowledge in 1 of Title 18 of the	at willul raise su United States (	atements and		
NAME OF S	DLE OR FIRST INVENTOR:	☐ A petition has been filed for this unsigned inventor			l inventor			
Given Name	Given Name (first and middle [if any]) Herve			Family Name or Surname Jouishomme				
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Chan Name	(first and middle [if any])	Family Name or Sumame Phipps						
Given Name		Date						
Inventor's Sk	nature			<del>, , , , , , , , , , , , , , , , , , , </del>	<del>,                                      </del>			
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Inventor's Sig	City Chelsea	State Quebec	Country (	Canada	Citizenship	Canadian		

[Page 2 of 3]

**COMBINED DECLARATION & POWER OF ATTORNEY-ADDITIONAL INVENTOR(S)** Supplemental Sheet 11280-01 US **Utility or Design Patent Application** NAME OF FORTH INVENTOR: A petition has been filled for this unsigned inventor Family Name or Sumame Given Name (first and middle [if any]) Suzanne Lacelle **Date** Inventor's Signature Citizenship Canadian State Ontario Country Canada Residence: City Orleans\_ 921 Chaleur Way Mailing Address State Ontario ZIP K1C 2R9 Canada City Orleans Country NAME OF FIFTH INVENTOR: ☐ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Date Inventor's Signature Citizenship Residence: City State Country Mailing Address ZIP State Country City NAME OF SIXTH INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Citizenship Residence: City State Country Mailing Address City State ZIP Country A petition has been filed for this unsigned inventor NAME OF SEVENTH INVENTOR: Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Citizenship Residence State State ZIP Country City

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[Page 3 of 3]

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